

WE ARE AT A CROSSROADS. WE CANNOT AFFORD TO DO

NOTHING,

TO CONTINUE BUSINESS AS USUAL.

THE PRESSURE FOR RADICAL CHANGE IS COMING FROM ALL

DIRECTIONS:

FROM MEMBERS OF CONGRESS, FROM BUSINESS, FROM LABOR,

AND FROM THE GENERAL PUBLIC. THE RECENT REPORT OF THE

PEPPER COMMISSION IS THE LATEST EXAMPLE.

INCREASINGLY WE HEAR THE DEMAND FOR RESTRUCTURING THE

FINANCING AND DELIVERY OF HEALTHCARE IN THE UNITED

STATES.

**EVEN SOME BUSINESS LEADERS WHO NORMALLY CRINGE AT THE
THOUGHT OF GOVERNMENT INTERVENTION OR REGULATION
FIND THEMSELVES CALLING FOR A SYSTEM OF NATIONAL
HEALTH CARE AS A SOLUTION TO RISING INSURANCE COSTS.**

**A SURPRISING AND VERY SIGNIFICANT EVENT TOOK PLACE AT
THE BEGINNING OF LAST SUMMER.**

**TWO GROUPS, UNLIKELY PARTNERS IN THIS SORT OF ISSUE,
EACH CALLED FOR A NATIONAL HEALTH SERVICE.
THE FIRST WAS ONE OF THE MAJOR AUTOMOBILE
MANUFACTURERS,
AND THE OTHER WAS THE HERITAGE FOUNDATION, A MOST
CONSERVATIVE BODY.**

**RECENTLY I'VE NOTICED A STRANGE INTEREST IN THE CANADIAN
SYSTEM.**

**EVERYWHERE I GO PEOPLE SAY TO ME, "WE NEED THE CANADIAN
SYSTEM." SO I SAY, "TELL ME, WHAT IS IT YOU LIKE ABOUT THE
CANADIAN SYSTEM.?"**

**THEY ALWAYS ANSWER, "I DON'T REALLY KNOW, BUT IT'S A GOOD
SYSTEM."**

THE GROWING INFATUATION WITH FOREIGN NATIONAL HEALTH SERVICES IS BASED MORE UPON DISSATISFACTION WITH OUR SYSTEM THAN UPON UNDERSTANDING OF ANOTHER ONE. MOST AMERICANS DO NOT REALIZE THAT ANY NATIONAL HEALTH SERVICE, IS BASED UPON PLANNED SCARCITY.

**EXPERIENCE THE WORLD OVER HAS SHOWN THAT WHEN
GOVERNMENT ECONOMIC CONTROLS ARE APPLIED TO HEALTH,
THEY PROVE --IN TIME-- TO BE DETRIMENTAL. EVENTUALLY
THERE IS AN EROSION OF QUALITY, PRODUCTIVITY, INNOVATION,
AND CREATIVITY. THIS IS ESPECIALLY TRUE OF RESEARCH.
THEN, LACK OF RESPONSIVENESS TO PATIENTS. FINALLY,
RATIONING AND WAITING IN LINES.**

**AMERICANS DO NOT PATIENTLY QUE UP FOR ANYTHING,
ESPECIALLY FOR MEDICAL CARE.**

**THE MAJORITY HAS BECOME ACCUSTOMED TO AVAILABLE CARE,
IF NOT ACCESSIBLE CARE.**

AND WE DESIRE PERSONAL CARE.

**NOW, IT MAY NOT BE POSSIBLE TO HAVE THE SAME PERSONAL
RELATIONSHIP BETWEEN DOCTORS AND PATIENTS THAT OUR
GRANDPARENTS HAD.**

**TODAY, URBAN PEOPLE, ESPECIALLY, RELY UPON EMERGENCY
ROOM CARE AND GROUP PRACTICES, AND THE EFFICIENCY THEY
BRING HAVE COME AT THE COST OF THAT PERSONAL
RELATIONSHIP.**

**BUT, WE CAN DO A LOT TO RESTORE THE DOCTOR-PATIENT
RELATIONSHIP, A RELATIONSHIP THAT IS UNFORTUNATELY
BECOMING CHANGED TO A PROVIDER-CONSUMER RELATIONSHIP.**

THE SO-CALLED DOCTOR-PATIENT RELATIONSHIP, OF COURSE INVOLVES MORE THAN JUST THE DOCTOR AND THE PATIENT. IT ALSO INVOLVES EVERYONE IN THE DELIVERY OF HEALTHCARE: PHARMACISTS, NURSES, MEDICAL TECHNICIANS, ETC. ON A DAY TO DAY BASIS, IT IS OFTEN THE PHARMACIST WHO IS THE POINT OF CONTACT MOST AMERICANS HAVE WITH THE HEALTHCARE SYSTEM.

**I REALIZE THAT THERE ARE SOME BUILT-IN PROBLEMS. PEOPLE
AREN'T HAPPY ABOUT BEING ILL, NEEDING TO GO TO A
PHYSICIAN OR TO A PHARMACIST.
HAVING TO PAY A HIGH PRICE FOR MEDICATION OR
CONSULTATION MAKES IT EVEN MORE UNPLEASANT.
BUT WE NEED TO SUBORDINATE THE ECONOMIC ASPECT OF THE
RELATIONSHIP TO THE CLIMATE OF TRUST BETWEEN THE
DOCTOR OR THE PHARMACIST AND THE PATIENT.
WE NEED GREATER UNDERSTANDING OF THIS BASIC ISSUE OF
HEALTHCARE.
WE NEED COOPERATION BETWEEN ALL KINDS OF HEALTHCARE
PERSONNEL, PHYSICIANS AND PHARMACISTS, ON THIS BASIC
ISSUE.**

**IF THE PATIENT THINKS OF HIMSELF PRIMARILY AS A
CONSUMER, GETTING THE MOST FOR HIS MONEY, SHOPPING
AROUND FOR A DOCTOR OR A PHARMACY WHICH CHARGES \$5
LESS FOR AN OFFICE VISIT --OR \$2 LESS FOR A DRUG--, HE
AUTOMATICALLY PUTS THE DOCTOR IN THE ROLE OF THE
SELLER, GETTING THE MOST FOR HIS SERVICES.**

**IF THE DOCTOR IS PRIMARILY CONCERNED ABOUT COLLECTING
HIS FEE, HE AUTOMATICALLY AROUSES THE CONSUMER
MENTALITY IN HIS PATIENT. WE CAN'T HAVE PATIENTS
WONDERING IF THEIR TREATMENT IS DETERMINED BY THE
DOCTORS FINANCES.**

WE ALSO NEED TO REFORM THE MALPRACTICE MESS, THE TORTURED TORT SYSTEM THAT FORCES DOCTORS AND PATIENTS TO VIEW EACH OTHER AS LEGAL ADVERSARIES. WE CAN'T HAVE DOCTORS WONDERING IF THEY'LL NEXT SEE THEIR PATIENTS IN COURT, FLANKED BY THEIR LAWYERS.

WE NEED TO GET PAST THE STAND-OFF BETWEEN DOCTORS AND LAWYERS.

**I'M SURE THAT BOTH THE DOCTOR AND THE PATIENT WOULD
PREFER TO HAVE THAT OLD RELATIONSHIP OF TRUST THEY USED
TO HAVE.**

IT CAN BE RESTORED.

**BUT IT WILL TAKE COMMITMENT BY PEOPLE ON BOTH SIDES OF
THE STETHOSCOPE.**

**BUT IF WE DON'T OFFER SOMETHING BETTER, WE WILL GET A
GOVERNMENT CONTROLLED MEDICAL SYSTEM, AND LOSE
FOREVER THE PRESENT POTENTIAL FOR THE BEST SYSTEM
POSSIBLE.**

**THE FALLACY OF ECONOMIC CONTROLS IS THAT THEY ATTEMPT
TO FORCE CHANGE AND REORGANIZATION AGAINST THE WILL OF
THOSE PROVIDING HEALTH CARE. IT IS NOT IN THEIR INTEREST,
AS THEY SEE IT, BECAUSE THE MORE INEFFICIENT PROVIDER,
THE MORE REVENUE, REGARDLESS OF HEALTH PRODUCED, OR
NOT PRODUCED.**

**WE ARE IN A PERIOD OF TIGHT FINANCIAL CONSTRAINTS, AND IF
YOU READ THE LIPS OF THE PRESIDENT -- NO NEW TAXES.**

**IF THAT WERE NOT SO, I THINK WE'D HAVE A GOVERNMENT-
CONTROLLED NATIONAL HEALTH SERVICE ALMOST
IMMEDIATELY. THAT WOULD SEEM MARVELOUS AT THE
BEGINNING, BUT DISSATISFACTION WOULD COME UNTIL YOU
COULDN'T WAIT TO CHANGE IT AGAIN.**

**THERE IS A BETTER WAY, AND IT PREVENTS THE FURTHER
INTRUSION OF THE GOVERNMENT INTO THE DELIVERY OF
HEALTH CARE.**

**A MARKET-BASED STRATEGY MUST ADDRESS THE FORCES
DRIVING COSTS UPWARD WHILE AT THE SAME TIME ATTACKING
BARRIERS TO ACCESS.**

**WE HAVE THE PARADOX OF TOO MUCH CARE AND TOO LITTLE
CARE FOR DIFFERENT SEGMENTS OF SOCIETY AT THE SAME
TIME. AS HIGH-TECH MEDICINE GROWS OUT OF CONTROL,
UNBRIDLED BY UNINFORMED PURCHASERS, MANY PEOPLE ARE
DENIED BASIC PREVENTIVE AND PRIMARY CARE.**

TWO THIRDS OF OUR POPULATION - ABOUT 160 MILLION AMERICANS ARE COVERED BY EMPLOYER-PURCHASED HEALTH INSURANCE. EMPLOYERS AND WORKERS TOGETHER MUST IDENTIFY THE LEADERSHIP TO BRING HEALTHCARE COST UNDER CONTROL.

SUCH A NATIONAL ALLIANCE HAS BEEN FORMED AND IS GROWING. AS THIS REFORM IN THE PRIVATE SECTOR IS TAKING PLACE THERE MUST BE FURTHER JOINING OF FORCES WITH GOVERNMENT - AT FEDERAL AND STATE LEVELS - WHERE MEDICARE AND MEDICAID ARE ADMINISTERED,IF WE ARE TO RESTRUCTURE THE ENTIRE SYSTEM OF PURCHASING AND PROVIDING HEALTHCARE.

**THEN INSTEAD OF REWARDING POOR QUALITY, AND
INEFFICIENCY - WITH DOLLARS, AS WE NOW DO, - HIGH QUALITY,
AND EFFICIENCY WILL BE REWARDED WITH PATIENTS. WE NEED
TO COMMUNICATE BETTER ABOUT HIGH-QUALITY AND EFFICIENT
CARE. THEN THE PATIENTS WILL MIGRATE FROM THE POOR
QUALITY, INEFFICIENT SYSTEMS WHICH WILL HAVE TO
IMPROVE OR PERISH.**

**WE WILL NEED - AND THEY ARE BEING DEVELOPED - TOOLS TO
MEASURE MEDICAL NECESSITY, APPROPRIATENESS,
EFFECTIVENESS AND OF COURSE OUTCOMES. QUALITY, AND
EFFICIENCY ARE DIFFICULT IF NOT IMPOSSIBLE TO MEASURE.
BUT THEY ARE MORE IMPORTANT THAN MERE QUANTITY.**

**FOR THOSE WITHOUT ACCESS, THE GOAL IS UNIVERSAL
COVERAGE TO BE ACHIEVED THROUGH COMPREHENSIVE
REFORMS OF GOVERNMENT PROGRAMS FOR THE POOR AND
UNINSURED COMBINED WITH RISK POOLING. MEANWHILE
INTERIM STEPS INCLUDE MEDICAID EXPANSION, UNDER
EXISTING LAW, AND TAX INCENTIVES TO ENCOURAGE SMALL
BUSINESS INSURANCE COVERAGE. THESE LATTER ELEMENTS
ARE THE ONLY ONES THAT REQUIRE PUBLIC POLICY REFORMS.**

**ONE WAY TO GET THINGS MOVING IN THE RIGHT DIRECTION IS
THROUGH A PRESIDENTIAL COMMISSION.**

**I URGED THIS IN A PRIVATE CONVERSATION WITH THE
PRESIDENT IN AUGUST 1988, SEVERAL MONTHS BEFORE HIS
ELECTION,**

**AND I'VE MADE THE SAME SUGGESTION IN EDITORIALS IN
NEWSWEEK AND FROM MANY PLATFORMS AROUND THE
COUNTRY.**

**THIS IS THE BEST WAY TO GET ACTION, BECAUSE THE
CONGRESSIONAL MEMBERS OF A PRESIDENTIAL COMMISSION
WILL TAKE THE PLANS BACK TO CONGRESS FOR DISCUSSION, A
VOTE, AND THEN IMPLEMENTATION.**

THE OPPORTUNITY IS NOW.

THE TIME IS SHORT.

THE STAKES ARE HIGH.

THE ALTERNATIVES UNDESIRABLE.

**IT REMAINS TO BE SEEN WHETHER OR NOT THE PRIVATE SECTOR
SEIZES THIS ONE AND ONLY OPPORTUNITY, WE'LL SEE.**

WE ALL NEED TO BE A PART OF THE EFFORT.

BUT THERE IS NO QUICK FIX.

**FROM HERE TO THERE COULD TAKE A DECADE, BUT WE'D
IMPROVE YEAR BY YEAR ALONG THE WAY.**

**IN THE MEANTIME, EVERYDAY, ALL OF US WHO ARE PART OF THE
HEALTHCARE SYSTEM, ALL OF US WHO ARE PART OF AMERICAN
SOCIETY FIND OURSELVES IN THE MIDST OF A GREAT
REVOLUTION.**

**AS PHARMACISTS YOU ARE A PART OF THAT REVOLUTION, AND
YOU'LL IMPROVE THE HEALTH OF THE AMERICAN PEOPLE --AS
WELL AS YOUR OWN HEALTH-- IF YOU PLAY YOUR PART.**

TWO CONCEPTS FORM THE BASIS FOR THIS REVOLUTION.

**FIRST, YOUR HEALTH AND THE HEALTH OF THOSE WHO COME TO
YOU PROFESSIONALLY WILL DEPEND MOSTLY UPON THE
PREVENTION OF DISEASE AND DISABILITY AND THE PROMOTION
OF GOOD HEALTH.**

SOME ANALYSTS EVEN SAY THAT PREVENTION AND HEALTH PROMOTION CAN POSTPONE UP TO 70 PERCENT OF ALL PREMATURE DEATHS, WHEREAS THE TRADITIONAL CURATIVE AND REPARATIVE APPROACH OF MEDICINE CAN POSTPONE NO MORE THAN 10 TO 15 PERCENT OF SUCH DEATHS. EVEN IF THEY'RE ONLY HALF RIGHT, THAT'S QUITE A DIFFERENCE IN SOCIAL PAY-OFFS.

**SECOND WE HAVE COME TO REALIZE THAT THESE TWO
APPROACHES TO HEALTH -- THAT IS, DISEASE PREVENTION AND
HEALTH PROMOTION -- ARE THE PRIMARY RESPONSIBILITIES OF
EACH INDIVIDUAL.**

**PHYSICIANS AND THERAPISTS AND PHARMACISTS AND NURSES
MUST PROVIDE AMERICANS WITH INFORMATION, SERVICE, AND
EXAMPLES. BUT THE CRITICAL CHOICES REST WITH EACH
INDIVIDUAL. AND THEY ARE FREE CHOICES IN NEARLY EVERY
CASE, NOT MANDATED BY LAW -- AT LEAST NOT YET.**

THIS TWO-FOLD CHANGE IN THE WAY WE LOOK AT HEALTH IN AMERICA HAS NOT YET BEEN FULLY ABSORBED BY THE AMERICAN PEOPLE, ALTHOUGH THEY SEEM WILLING ENOUGH TO LEARN.

NOW, IT'S TRUE THAT AMERICAN PUBLIC HEALTH HAS ALWAYS HAD A STRONG PREVENTIVE BASE:

WE WERE BROUGHT UP ON VACCINATION PROGRAMS AND WATER FLUORIDATION AND BLOOD PRESSURE CHECK-UPS AND SO ON.

NEVERTHELESS, I THINK THE OVERALL PERCEPTION AMONG THE AMERICAN PEOPLE IS STILL AN OLD-FASHIONED ONE: THAT IS, THAT PUBLIC HEALTH AND MEDICAL AND NURSING PERSONNEL ARE REALLY ON THE JOB TO PATCH YOU UP IF YOU GET HURT OR TO CURE YOU IF YOU GET SICK. IN OTHER WORDS, THE PATIENT IS PASSIVE AND THE HEALTH SYSTEM IS THE ONLY ACTIVE PARTY.

**I THINK THE PUBLIC STILL ADHERES TO THE IDEA THAT THE
PATIENT IS SUPPOSED TO "FOLLOW THE DOCTOR'S ORDERS," OR
"FOLLOW THE DRUGGIST'S ORDERS".**

**OF COURSE, BY "FOLLOWING THE DOCTOR'S ORDERS," THE
PATIENT WILL DO THOSE THINGS THAT WILL HELP HIM OR HER
REGAIN THE LOST STATUS OF FULL HEALTH.**

**WE IN THE PUBLIC HEALTH PROFESSIONS HAVE BEEN
DILIGENTLY TRYING TO TURN THAT CONVENTIONAL WISDOM
AROUND. AND I THINK WE ARE!**

**I THINK WE'RE MAKING GREAT STRIDES IN THE ANTI-SMOKING
AREA.**

**THE PERCENTAGE OF THE ADULT POPULATION WHO SMOKES IS
STEADILY DECLINING AND THAT'S EXCELLENT.**

**HERE'S WHERE YOU CAN ASSUME A POSITION IN THE FRONT
LINES, BY INSISTING THAT TOBACCO PRODUCTS HAVE NO PLACE
IN A PHARMACY.**

THERE'S ALSO BEEN A DROP IN THE CONSUMPTION OF HARD LIQUOR, WITH A SHIFT TO BEER AND WINE -- OR SIMPLY WATER. AS A RESULT, THERE'S BEEN A DRAMATIC DROP IN CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY IN GENERAL.

PEOPLE SEEM TO BE EATING LESS FAT, PARTICULARLY SATURATED FAT AND CHOLESTEROL. THE DROP IN CIGARETTE SMOKING AND THE REDUCTIONS IN FAT IN THE AVERAGE PERSON'S DIET HAVE COMBINED TO CONTRIBUTE TO THE DECLINE IN HEART DISEASE AND STROKE DEATHS OVER THE PAST 10 TO 15 YEARS AS WELL. THERE'S NO DOUBT ABOUT THAT.

SO I THINK WE CAN FEEL ENCOURAGED ABOUT THE TRENDS SO FAR.

THE BIG QUESTION REMAINS, HOWEVER: ARE THEY REALLY TRENDS ... OR ARE THEY TEMPORARY ARTIFACTS OF A DYNAMIC CULTURE?

WE NEED TO MAKE THE RIGHT CHOICES ABOUT LIFESTYLE, ABOUT PHYSICAL EXERCISE, ABOUT DIET.

**WHEN WE CONVINCED OURSELVES TO EAT A PROPER DIET,
TO AVOID FOODS HIGH IN FAT, SUGAR, AND SODIUM,
TO SAY "NO!" TO DRUGS LIKE ALCOHOL AND NICOTINE,
WE TAKE CHARGE OF OUR HEALTH.**

**WHEN WE SAY THAT THE BEST WAY TO BEAT HEART DISEASE IS
THROUGH ROUTINE EXERCISE, NO SMOKING, AND A
HEALTHFUL DIET,
THAT'S JUST ANOTHER WAY OF TELLING PEOPLE,
"DON'T RELY COMPLETELY ON HIGH-COST HIGH-TECH MEDICINE
TO SAVE YOUR LIFE.**

**YOU CAN AFFORD PREVENTION ... YOU CANNOT AFFORD A
QUADRUPLE
BY-PASS."**

**IN THE FUTURE AMERICANS WILL SIMPLY NOT HAVE THE
DOLLARS TO PAY THE VERY HIGH PRICE EXACTED BY LIFESTYLES
OF THOUGHTLESSNESS AND HIGH RISK.**

**I KNOW THIS SOUNDS TERRIBLY CHEERLESS, BUT I DON'T THINK
IT HAS TO BE.**

TO BORROW A MOTTO FROM AN EARLIER AGE:

"LIVING WELL IS THE BEST REVENGE."

LIVING WELL ... LIVING SENSIBLY ... LIVING A HEALTHY

LIFESTYLE ... LIVING ACCORDING TO AN ETHIC OF PREVENTION ...

THIS IS YOUR "BEST REVENGE" AGAINST THE 3 D'S OF

DISCOMFORT, DISEASE, AND DISABILITY.

**AND IT'S YOUR BEST HEDGE AGAINST THE 4TH AND FINAL D:
DEATH ITSELF.**

**PHARMACISTS AND PHYSICIANS ALIKE CAN ASSUME LEADING
ROLES IN THIS NEW HEALTH REVOLUTION IN AMERICA AS WE
PREPARE FOR THE 21ST CENTURY.**

**PHARMACISTS, PHYSICIANS, AND ALL HEALTHCARE WORKERS
ARE ALLIES NOT ONLY BECAUSE THEY DISPENSE SERVICES, BUT
ALSO BECAUSE THEY CAN EMBRACE A LARGER VISION OF
HEALTH PROMOTION AND DISEASE PREVENTION.**

THANK YOU

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